



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 8/20/2003
Time Start 3:00 PM
Time Finish 3:30 PM

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name WIKOFF COLOR CORP. I.D. Number PAD 002300531Site Address 1736 WINCHESTER RD.County BUCKS Municipality BENSALEM TWP. Zip 19020Name of Inspector ALEX PAGE

Name & Title of Responsible Official _____

Person Interviewed _____ Telephone (____) _____

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 8/20/2003 Identification Number PAD 002300531Company/Facility/Site Name WIKOFF COLOR CORP.

INSPECTION CONDUCTED BY ALEX PAGE. THE
BUILDING AT 1736 WINCHESTER RD IS NOW
OCCUPIED BY HEISTAND SHEET METAL CONTRACTORS.
NO HAZARDOUS WASTE WAS OBSERVED.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

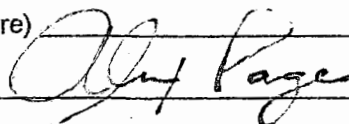
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____

Date _____

Inspector (signature) _____



Received 11 May 2004
Accepted 15 May 2004

1. EPA ID NUMBER		P A D 0 0 2 3 0 0 5 3									
2. FACILITY NAME <u>Wickoff Color Corp.</u>											
3. NOTIFICATION DATE <u>5/8/01</u>						4. SOURCE (circle one): N A <u>(S)</u> E					
WASTE ACTIVITY		5. TYPE (New Status) (circle one)		6. RCRA REGULATORY STATUS (circle one)				7. STATUS DESCRIPTION (circle one)			
GENERATOR (Current Status) <u>1</u> LQG 2 SQG 3 CESQG 4 Other _____		1 LQG 2 SQG 3 <u>(N)</u> CESQG Not a generator, verified Blank Unverified		R RCRA Regulated P Pending A Regulated under another ID Number <u>(N)</u> Not RCRA Regulated (closed, non-handler)				1 Conditionally Exempt Small Quantity Generator 2 Definitionally excluded waste 3 Delisted wastes 4 One-time generator 5 Periodic generator 6 No longer generating hazardous waste, still in business <u>7*</u> No longer generating hazardous waste, no longer in business 8* Never generated hazardous waste 9 ID number to transport hazardous waste 10 Regulated under another number (*most commonly used)			

STATUS CHANGE DETERMINED BY:

<input checked="" type="checkbox"/> Inspection Report	_____ Revised Notification
_____ Revised Notification from the Facility	_____ EPA Clean Closure Certificate
_____ State Documentation Certifying Clean Closure	_____ Affidavit from the Facility
_____ Affidavit from the State	_____ Biennial Report
_____ Documentation not Required	_____ Other (explain below)

BAH/SG

11/8/01

EPA/BAH
 Date to Date Entry _____
 Batch Number _____
 Date QA'd 11/28/01

1. EPA ID NUMBER		P A D 0 0 2 3 0 0 5									
2. FACILITY NAME <u>Witkoff Color Corp.</u>											
3. NOTIFICATION DATE <u>5/8/01</u>						4. SOURCE (circle one): N A <u>(S)</u> E					
WASTE ACTIVITY	5.	TYPE (New Status) (circle one)	6.	RCRA REGULATORY STATUS (circle one)	7.	STATUS DESCRIPTION (circle one)					
GENERATOR (Current Status) <input checked="" type="radio"/> 1 LQG <input type="radio"/> 2 SQG <input type="radio"/> 3 CESQG <input type="radio"/> 4 Other _____		<input type="radio"/> 1 LQG <input type="radio"/> 2 SQG <input checked="" type="radio"/> 3 CESQG <input checked="" type="radio"/> N Not a generator, verified Blank Unverified		<input type="radio"/> R RCRA Regulated <input type="radio"/> P Pending <input type="radio"/> A Regulated under another ID Number <input checked="" type="radio"/> N Not RCRA Regulated (closed, non-handler)		<input type="radio"/> 1 Conditionally Exempt Small Quantity Generator <input type="radio"/> 2 Definitionally exempt waste <input type="radio"/> 3 Delisted wastes <input type="radio"/> 4 One-time generator <input type="radio"/> 5 Periodic generator <input type="radio"/> 6 No longer generator of hazardous waste, business <input checked="" type="radio"/> 7* No longer generator of hazardous waste, in business <input type="radio"/> 8* Never generated hazardous waste <input type="radio"/> 9 ID number to transfer hazardous waste <input type="radio"/> 10 Regulated under another ID number (*most commonly used)					

STATUS CHANGE DETERMINED BY:

<input checked="" type="checkbox"/> Inspection Report	_____ Revised Notification
_____ Revised Notification from the Facility	_____ EPA Clean Closure Certificate
_____ State Documentation Certifying Clean Closure	_____ Affidavit from the Facility
_____ Affidavit from the State	_____ Biennial Report
_____ Documentation not Required	_____ Other (explain below)

BAH/SG

11/8/01

EPA/B.
Date to Date Entry
Batch Number
Date QA'd 11/2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 5/8/20
Time Start 1 PM
Time Finish 1:25 PM

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name WIKOFF COLOR CORP. I.D. Number PAD 00230053Site Address 1736 WINCHESTER RDCounty BUCKS Municipality BENSALEM TWP. Zip 19020Name of Inspector ALEX PAGEName & Title of Responsible Official —Person Interviewed — Telephone (—) —Mailing Address (if different from above) —Amount of Hazardous Waste Generated per Month: — Pounds — Kgs

1. Site Characterization:

STORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other —PBR: ☐ Neutralization/WWTP ☐ Reclaim Other —GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity HandlerUniversal Waste Types —

3. Hazardous Waste Transporters:

Transporter Name — License Number —Transporter Name — License Number —Transporter Name — License Number —

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility

OUT
OF
BUSINESS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name WIKOFF COLOR CORP ID Number PA0002300531 Date 5/8/2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LIN NC
				Hazardous waste determination performed on all waste streams	262a.10	262.11	H01
				Identification Number	262a.10	262.12	H01
				Authorized transporters only	262a.10	262.12(c)	H01
				Subsequent notification requirements met	262a.12(b)		H01
				Proper manifest used	262a.10	262.21	H01
				Manifests filled out correctly and completely	262a.20		H01
				Manifests signed and routed properly	262a.23(a)	262.23	H01
				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H01
				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies 270 days	262a.10	262.34(e)(f)	H01
				SQG waste accumulated on site never exceeds 6000 kg	262a.10	262.34(e)(f)	H01
				Satellite accumulation requirements complied with	262a.10	262.34(c)	H01
				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H01
				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H01
				Specified records retained for three years	262a.10	262.40(c)	H01
				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H01
				Exception reporting procedures followed	262a.42	262.42	H01
				Spill reporting procedures followed	262a.10	262.34(d)	H01
				PPC plan developed and implemented	262a.10	262.34(a)	H01
				Special requirements followed for international shipments	262a.10	262.50 262.60	H01
				Source reduction strategy prepared and available (LQG only)	262a.100		H02
				Excluded waste complies with exclusionary requirements	261a.4	261.4	H02

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name WIKOFF COLOR CORP. ID Number PAD 002300531 Date 5/8/2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LIN NC
				CONTAINERS (Subchapter I)			
				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
				Containers of hazardous waste in good condition	265a.1	265.171	H026
				Containers and stored waste compatible	265a.1	265.172	H027
				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
				Containers managed to prevent leaks	265a.1	265.173(b)	H029
				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
				Container storage areas inspected at least weekly	265a.1	265.174	H031
				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
				Proper containment and collection systems in place	265a.179		H033
				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name WIKOFF COLOR CORP. ID Number PAD002300531 Date 5/8/2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LIN NC
				LQG TANKS (Subchapter J)			
				Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H04
				Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H04
				Secondary containment provided for tanks (systems) as required	265a.193	265.193	H04
				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H04
				Tanks labeled to accurately identify contents	265a.194		H04
				Required inspections completed and documented in operating log	265a.195	265.195	H04
				Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H04
				Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H04
				Special small quantity generator requirements	265a.1	265.201	H04
				Waste contents compatible with tank	265a.1	265.201(b)(2)	H05
				Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H05
				If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H05
				Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H05
				Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H05
				All waste removed at closure	265a.1	265.201(d)	H05
				Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H05
				Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H05
				Incompatible waste requirements met	265a.1	265.201(f)	H05

COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name WIKOFF COLOR CORP. ID Number PAD 002300531 Date 5/8/2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LIN NO
				Containment Buildings (Subchapter T)			
				Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	H061
				Meets special requirements if liquids present	265a.1	265.1101(b)	H062
				Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1)(i)	H063
				Level of hazardous waste within unit is below containment walls	265a.1	265.1101(c)(1)(ii)	H064
				Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1)(iii)	H065
				No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1)(iv)	H066
				Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H067
				Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
				Drip Pads (Subchapter S)			
				Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H069
				Drip pad meets 265.443 design & operating standards	265a.1	265.443	H070
				(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H071
				(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1	265.443(b)	H072
				Drip pads & collection system maintained to prevent deterioration	265a.1	265.443(c)	H073
				Drip pads & collection systems designed to prevent run-off	265a.1	265.443(d)	H074
				Run-on/run-off control system maintained unless pad protected by a structure	265a.1	265.443(e)	H075
				Release reporting requirements met	265a.1	265.443(m)	H076
				Drip pads inspected weekly and after storms when in operation	265a.1	265.444(b)	H077

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 5/8/2001 Identification Number PAD 002300531Company/Facility/Site Name WIKOFF COLOR CORP.

INSPECTION CONDUCTED BY ALEX PAGE. WIKOFF
COLOR CORP. IS NOT AT THE 1736 WINCHESTER
RD. SITE. THEY HAVE BEEN OUT OF BUSINESS
FOR AT LEAST 15 YEARS -- STATED A WORKER
AT HEISTAND CONTRACTORS. CURRENTLY OCCUPYING
THE SITE IS JAMES HEISTAND, INC. - ROOFING
AND SHEET METAL CONTRACTOR.

**James Heistand Inc.**

Roofing & Sheet Metal Contractor

(215) 639-5800 x 25
(215) 639-5768 Fax1736 Winchester Road
Bensalem, PA 19020

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____

Date _____

Inspector (signature) _____

Inspection Id
Record: 1/1

<OSC> <DBG>



RECEIVED
PA SECTION

PLEASE PLACE LABEL IN THIS SPACE

EPA, R3

	INSTALLATION'S EPA I.D. NO.
I.	NAME OF INSTALLATION
II.	INSTALLATION MAILING ADDRESS
III.	LOCATION OF INSTALLATION

FOR OFFICIAL USE ONLY

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER													APPROVED			DATE RECEIVED (yr., mo., & day)							
S	P	A	P	0	0	2	3	0	0	5	3	1	T/A	C				8	6	0	7	0	9
F													I										
1	2										13	14	15		16		17					22	

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

[illegible]

CITY OR TOWN																ST.	ZIP CODE
C																PA	19020

017
Backs

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN															ST.	ZIP CODE
E																
6																
U.S.	15														40	41 42 43 44 45 46 47 48 49 50

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

[illegible]

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ ₆₁ A. AIR ☐ ₆₂ B. RAIL ☐ ₆₃ C. HIGHWAY ☐ ₆₄ D. WATER ☐ ₆₅ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

RECEIVED
PA SECTIONJUL 7 1986
PLEASE PLACE LABEL IN THIS SPACE

EPA, R3

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FAD002300531

T/A C

1

860709

I. NAME OF INSTALLATION

WIKOFF COLOR CORP.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31736 WINCHESTER ROAD

CITY OR TOWN

Bonsalem

ST.

ZIP CODE

PA 19020

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

6

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

EDLEIN, SAUL DIR RYD

215-638-8511

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

WIKOFF COLOR CORP.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

	1		2		3		4		5		6	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	7		8		9		10		11		12	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	

[illegible]

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49						50						51						52						53						54					
23	-				26	23	-			26	23	-			26	23	-			26	23	-			26	23	-			26					

☐ 4. TOXIC
(DC00)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED _____

EPA Form 8700-12 (6-80) REVERSE



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PA0002300531

INSTALLATION ADDRESS

EDLEY, SAUL DIF R&D
WINOFF CORP
1736 WINCHESTER RD
BENSALEM

PA 19020

1736 WINCHESTER RD
BENSALEM

PA 19020



P.O. Box 451
Bensalem, PA 19020

Environmental Protection Agency
841 Chestnut Bldg.
Philadelphia, Pa. 19107.

Attn: Wast management branch
Penna. section

